

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/069988

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2	/						52							
3	/						53							
4	/	31					54							
5	/	31					55							
6	/						56							
7							57							
8		31					58							
9	/						59							
10	/						60							
11	/						61							
12	31						62							
13	31						63							
14	31						64							
15	31						65							
16	31						66							
17	31						67							
18	31						68							
19	31						69							
20	31						70							
21	31						71							
22	31						72							
23	31						73							
24	31						74							
25	31						75							
26	31						76							
27	31						77							
28	31						78							
29	31						79							
30	31						80							
31	31						81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5													
TOTAL DEP.	37													
TOTAL CLAIMS	42													